



OPERATING SERVICES  
921 SAW MILL RUN BOULEVARD  
PITTSBURGH, PA 15220

TELEPHONE 412-381-3622  
FACSIMILE 412-381-6271

October 24, 2000

Ms. Grisell V. Diaz-Cotto  
Emergency and Remedial Response Division  
United States Environmental Protection Agency  
Region III  
290 Broadway, 19th Floor  
New York, NY 10007-1866

Re: September 2000 Discharge Monitoring Report  
Leachate Treatment Plant, Operable Unit 1  
Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

The September 2000 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site, prepared by U.S. Filter Operating Services is attached. We will provide copies of the DMR to Ian Curtis and Susan Dietrick at the NJDEP.

Should you have any questions concerning the DMR or other site items, please contact me or Glenn Grieb at the Kin-Buc site.

Very truly yours,  
USFilter Operating Services  
On behalf of SCA Services, Inc.,

Dennis J. Duryea, P.E.  
Area Manager

DJD\plb

Enclosure

cc: Ian Curtis - NJDEP  
Susan Dietrick - NJDEP  
Stephen Joyce - SCA  
Carl Januszkiewicz - Waste Management  
Glenn Grieb - USFOS, Kin-Buc  
File

568460



a VIVENDI  
water company

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDDES NO.  

--	--	--	--	--	--	--

  
 \*NJ Permit Equivalent

REPORTING PERIOD

M o. Y r.			
0	9	0	0

M o. Y r.			
0	9	0	0

PERMITTEE:                      Name: SCA Services, Inc.  
    Address: 383 Meadow Road  
    Edison, New Jersey 08817

FACILITY:                      Name: Kin-Buc Landfill  
    Address: 383 Meadow Road  
    Edison, New Jersey 08817  
    Telephone: 732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY  
 \_\_\_ T-VWX-007 \_\_\_ T-VWX-008 \_\_\_ T-VWX-009  
 \_\_\_ EPA Form 3320-1

YES    NO  
 DYE TESTING                      \_\_\_    X

SLUDGE REPORT-INDUSTRIAL  
 \_\_\_ T-VWX-010A \_\_\_ T-VWX-010B

TEMPORARY BYPASSING                      \_\_\_    X

WASTEWATER REPORTS  
 \_\_\_ T-VWX-011 \_\_\_ T-VWX-012 \_\_\_ T-VWX-013

DISINFECTION INTERRUPTION                      \_\_\_    X

GROUNDWATER REPORTS  
 \_\_\_ T-VWX-015(A,B) \_\_\_ T-VWX-016 \_\_\_ T-VWX-017  
 \_\_\_ ELECTRONIC SUBMISSION

MONITORING MALFUNCTIONS                      \_\_\_    X

UNITS OF OPERATION                      \_\_\_    X

OTHER                      X    \_\_\_

NPDES DISCHARGE MONITORING  
X EPA Form 3320-1

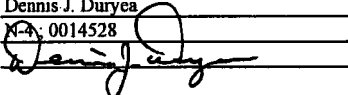
(Detail any "Yes" on reverse side in appropriate space.)


NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR  
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Dennis J. Duryea  
 Grade & Registry No. N-J, 0014528  
 Signature 

Name (Printed) Dennis J. Duryea  
 Title (Printed) Plant Operations Manager  
 Signature 

Date October 24, 2000

Date October 24, 2000

OPERATING EXCEPTIONS DETAILED

Influent BOD concentrations were 6.86 mg/l and 9.81mg/l with effluent BOD concentrations  
<2 mg/l and 5.61mg/l. The minimal influent BOD concentration prevented a 90% removal.

HOURS ATTENDED AT PLANT

MONTH

0 9

YEAR

0 0

Day of Month

Licensed Operator

Others

Day of Month

Licensed Operator

Others

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
11	0	0	0	12	12	12	8	0	0	0	0	10	10	8	0
8	2	0	2	17	20	19	8	0	0	18	16	10	10	8	3
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
0	0	8	8	8	8	0	0	8	0	8	8	4	0		
0	22	20	16	18	16	18	0	19	19	18	18	18	0		

PERMITTEE NAME/ADDRESS

NAME  
ADDRESS

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY  
LOCATION  
ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	09	01		00	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.009653	0.040919	MGD	*****	*****	*****	***		continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT			***	7.2		8.6	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT			***	*****	<0.5	<0.5	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	3.7	6.3	kg/day	*****	72	111	mg/l		2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD-5 % REMOVAL	SAMPLE MEASUREMENT			***	42%			%	1	2/month	calc.
	PERMIT REQUIREMENT	*****	*****		90	*****	*****			2/month	calc.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.0410	0.0569	kg/day	*****	1.3	2.1	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT			***	8.2			mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN. INSTANT	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Dennis J. Duryea, P.E. Area Manager							732 572-4743		00 10 24		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS  
NAME  
ADDRESS

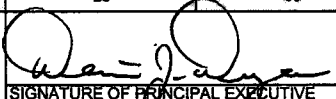
SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY  
LOCATION  
ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	09	01		00	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE										
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS													
BENZENE	SAMPLE MEASUREMENT	<0.00013	<0.00013	kg/day	*****	<2.3	<2.3	ug/L	0	2/month	grab										
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab										
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.00015	<0.00015	kg/day	*****	<2.8	<2.8	ug/L	0	2/month	grab										
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab										
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.00013	<0.00013	kg/day	*****	<2.8	<2.8	ug/L	0	2/month	grab										
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59			2/month	grab										
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.00013	<0.00013	kg/day	*****	<2.8	<2.8	ug/L	0	2/month	grab										
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab										
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00017	<0.00017	kg/day	*****	<3.1	<3.1	ug/L	0	2/month	grab										
	PERMIT REQUIREMENT	0.008	0.025		*****	52	184			2/month	grab										
TOLUENE	SAMPLE MEASUREMENT	<0.00021	<0.00021	kg/day	*****	<4.4	<4.4	ug/L	0	2/month	grab										
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/month	grab										
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00014	<0.00014	kg/day	*****	<2.6	<2.5	ug/L	0	2/month	grab										
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60			2/month	grab										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<div>I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 &amp; 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)</div> <div> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</div>						TELEPHONE		DATE											
Dennis J. Duryea, P.E. Area Manager																					
TYPED OR PRINTED																					
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)						732	572-4743	00	10	24									
								AREA CODE	NUMBER	YEAR	MO	DAY									

PERMITTEE NAME/ADDRESS

NAME  
ADDRESS

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY  
LOCATION  
ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	09	01		00	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00013	<0.00013	kg/day	*****	<2.4	<2.4	ug/L	0	2/month	grab	
	PERMIT REQUIREMENT	0.004	0.010		*****	26	69			2/month	grab	
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.00024	<0.00024	kg/day	*****	<4.3	<4.3	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab	
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.000045	<0.000045	kg/day	*****	<0.94	<0.94	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.000042	<0.000042	kg/day	*****	<0.89	<0.89	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.000023	<0.000023	kg/day	*****	<0.48	<0.48	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.000026	<0.000026	kg/day	*****	<0.54	<0.54	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.000044	<0.000044	kg/day	*****	<0.92	<0.92	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 &amp; 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</small>						TELEPHONE		DATE		
Dennis J. Duryea, P.E. Area Manager								732 572-4743		00 10 24		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)										

PERMITTEE NAME/ADDRESS

NAME  
ADDRESS

FACILITY  
LOCATION  
ATTN:

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	09	01		00	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.000028	<0.000028	kg/day	*****	<0.59	<0.59	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab	
PHENANTHRENE	SAMPLE MEASUREMENT	<0.000032	<0.000032	kg/day	*****	<0.57	<0.57	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab	
ALDRIN	SAMPLE MEASUREMENT	<0.0000024	<0.0000024	kg/day	*****	<0.050	<0.050	ug/L	0	1/month	grab	
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab	
4,4-DDT	SAMPLE MEASUREMENT	<0.0000056	<0.0000056	kg/day	*****	<0.1	<0.1	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab	
PCB-1242	SAMPLE MEASUREMENT	<0.000017	<0.000017	kg/day	*****	<0.3	<0.3	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab	
PCB-1248	SAMPLE MEASUREMENT	<0.000017	<0.000017	kg/day	*****	<0.3	<0.3	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab	
PCB-1254	SAMPLE MEASUREMENT	<0.000017	<0.000017	kg/day	*****	<0.3	<0.3	ug/L	0	1/week	grab	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) (REFERENCE ALL ATTACHMENTS HERE)						TELEPHONE		DATE		
Dennis J. Duryea, P.E. Area Manager								732 572-4743		00 10 24		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS												

PERMITTEE NAME/ADDRESS

NAME  
ADDRESS

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY  
LOCATION  
ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	09	01		00	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.000017	<0.000017	kg/day	*****	<0.3	<0.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	<0.00056	<0.00056	kg/day	*****	<10	<10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.026		*****	65.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	<0.00028	<0.00028	kg/day	*****	<5.0	<5.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	<0.00056	<0.00056	kg/day	*****	<10	<10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	196	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	<0.000032	<0.000032	kg/day	*****	<2	<2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.00028	<0.00028	kg/day	*****	<5	<5	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	<0.0022	<0.0022	kg/day	*****	<40	<40	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		*****	824	1650			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.) (REFERENCE ALL ATTACHMENTS HERE)					TELEPHONE		DATE		
Dennis J. Duryea, P.E. Area Manager							732 572-4743		00 10 24		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
							732	572-4743	00	10	24
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS											



PERMITTEE NAME/ADDRESS

NAME  
ADDRESS

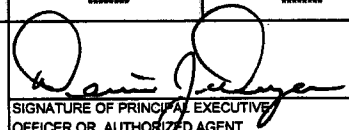
SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY  
LOCATION  
ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	09	01		00	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	<0.0011	<0.0011	kg/day	*****	<20	<20	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.358		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.00056	<0.00056	kg/day	*****	<10	<10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	<0.0038	0.0057	kg/day	*****	<100	124	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	<0.0057	<0.0057	kg/day	*****	<100	<100	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	80.6	162		*****	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT			***		*****	*****	%			
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see permit	equivalent
	SAMPLE MEASUREMENT			***	*****	*****	*****			*****	*****
	PERMIT REQUIREMENT				*****	*****	*****			*****	*****
	SAMPLE MEASUREMENT			***	*****	*****	*****			*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE	
Dennis J. Duryea, P.E. Area Manager		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						732 572-4743		00 10 24	
TYPED OR PRINTED								AREA CODE		NUMBER	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									